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Urban District of Lakes

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1968

Stricklandgate House, P.O. Box 18, Kendal

Telephone Number: Kendal 23502

KENDAL

TITUS WILSON & SON

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NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

| | |
|--|-------------------|
| Area of the Urban District in acres | 49,917 |
| Population at 1961 Census | 6,061 |
| Population (Registrar-General's mid year estimate) | 5,230 |
| Inhabited houses | 2,133 |
| Rateable Value | £232,551 |
| Product of a Penny Rate | £910 |
| Rate in the Pound levied | 12/1d. to 12/10d. |
| of which the County Rate was | 8/11d. |

The Urban District of Lakes lies in the heart of the English Lake District and is the nucleus of the National Park. About three miles of the north-eastern shore of Windermere Lake is within the District and the inhabited areas are sited along three main valley systems which radiate from the Lake. To the west lie the Langdales, to the north the dales of Rydal and Grasmere, and to the north-east the Troutbeck Valley which leads over the Kirkstone Pass to the geographically detached dalehead of Patterdale and Glenridding at the head of Ullswater Lake. Your Council Offices are situated at Ambleside.

The valley bottoms lie between 150 and 300 feet above sea level in the major western portion, and in the Patterdale area at about 500 feet. The massive crags and fells rise steeply to altitudes of between two and three thousand feet, comprising some of the finest mountain scenery in Great Britain. Some of the valleys are wooded but the fellsides are majestically covered only by brackens and heather. The stone-built houses are scattered irregularly along the valleys, with only two large villages or townships of any size, Ambleside and Grasmere. The District is therefore essentially rural in character. These geographical features determine the natural lines of communication and therefore influence the spread of infectious diseases.

The geology of the District is almost entirely confined to the Borrowdale Volcanic Series of lavas, tuffs and agglomerates with some igneous intrusions. The lavas are mainly andesites with rhyolites at various horizons. The fragmentary rocks resulting from explosive eruptions vary from fine-grained tuffs and ashes to coarse agglomerates and breccias. Lateral pressure has converted some of the tuffs into slates suitable for roofing. In the extreme south of the District the thin bands of the Coniston limestone and Ashgillian series are interposed between the Borrowdale series and the commencement of the Silurian Rocks which stretch away to the south of the County. Workable deposits of non-ferrous metals, particularly lead, are found in the

north-eastern part of the District. These geological characteristics are of great significance in the supervision of water supplies, sewerage and occupational diseases as well as affecting the economics of the District.

The climate is mild and equable in the valleys, and invigorating on the fellsides and uplands. The dales of Rydal, Grasmere and Troutbeck are sheltered from the prevailing westerly winds, and, being open to the south, provide full access to sunshine. The Langdales are more exposed, and Patterdale, though sheltered, has a northerly aspect. Temperature gradient inversions are occasional in the spring and autumn but are soon dispelled in the mornings. The rainfall averages 70 inches a year, but this figure is due more to the heaviness of the rain when it occurs rather than to an undue proportion of rainy days. Snow may be expected for one or two weeks in the late winter.

The District is predominantly a holiday centre for climbing, walking and enjoying the scenery of mountains and lakes, and there is a large influx of seasonal visitors which raises the population to an estimated peak of approximately 15,000. This tourist trade has been imposed upon the basic characteristics of agriculture, mainly sheep-farming, and many of the small local industries are therefore ancillary to agriculture and the holiday trade. There are also slate quarries and knitwear making which provide a certain amount of local employment and stability to the District to help balance the fluctuating conditions of the seasonal trades.

Opportunities for local employment help to check the drift from the countryside. These industries together with the trade associated with the hotels and boarding-houses have provided a limited economic security and local prosperity which is a most important factor in the maintenance of public health.

STAFF.

| Name. | Qualifications. | Office. | Whole or Part Time. | Other Offices. |
|-------------------|--|--|---------------------|---|
| Madge, F. T. .. | M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H. | Medical Officer of Health | Part | M.O.H. Combined County Districts of Westmorland |
| Smith, F. R. .. | M.A.P.H.I. | Public Health Inspector | Part | Building Surveyor |
| Gray, M. .. | — | Clerk | Part | — |
| Machell, B. M. .. | — | Clerk to Medical Officer of Health | Part | Clerk to M.O.H. Combined County Districts of Westmorland |

Staff Changes.

There were none during the year.

VITAL STATISTICS

The following extracts are made from information supplied by the Registrar-General, with figures for 1967 for comparison.

Area of the District in acres 49,917

| | 1967 | 1968 |
|--|-------|-------|
| Estimated civilian population (mid year) .. | 5,120 | 5,230 |
| Live Births. Legitimate— males | 25 | 26 |
| females | 28 | 29 |
| Illegitimate— males | — | 4 |
| females | 3 | 3 |
| Total | 56 | 62 |
| Crude Rate per 1,000 population | 10.9 | 11.9 |
| Corrected Rate per 1,000 population | 11.3 | 12.3 |
| Birth Rate for England and Wales | 17.2 | 16.9 |
| Illegitimate Birth Rate per 1,000 live births | 53.6 | 112.9 |
| Still Births. Legitimate— males | — | — |
| females | — | — |
| Illegitimate— males | — | — |
| females | — | — |
| Total | — | — |
| Total (live and still) births .. | 56 | 62 |
| Rate per 1,000 total (live and still) births | — | — |
| Rate for England and Wales .. | 14.8 | 14 |
| Deaths. males | 26 | 39 |
| females | 35 | 35 |
| Total | 61 | 74 |
| Crude Rate per 1,000 population .. | 11.9 | 14.1 |
| Corrected Rate per 1,000 population | 8.9 | 9.5 |
| Rate for England and Wales .. | 11.2 | 11.9 |

| | 1967 | 1968 |
|---|------|------|
| Infantile Deaths (under 1 year) | | |
| Total deaths under 1 year.. .. | — | — |
| Rate per 1,000 live births | — | — |
| Rate for England and Wales .. | 18.3 | 18 |
| Legitimate | — | — |
| Rate per 1,000 legitimate live births | — | — |
| Illegitimate | — | — |
| Rate per 1,000 illegitimate live births | — | — |
| Neonatal Deaths (under 4 weeks) | | |
| Total neonatal deaths .. | — | — |
| Rate per 1,000 live births .. | — | — |
| Rate for England and Wales .. | 12.5 | 12.3 |
| Early Neonatal Deaths (under 1 week) | | |
| Total early neonatal deaths .. | — | — |
| Rate per 1,000 live births .. | — | — |
| Rate for England and Wales .. | 10.8 | 10.5 |
| Perinatal Mortality | | |
| Stillbirths and deaths under 1 week.. .. . | — | — |
| Rate per 1,000 total (live and still) births | — | — |
| Rate for England and Wales .. | 25.4 | 25 |
| Maternal Mortality | | |
| Total Deaths | — | — |
| Rate per 1,000 total (live and still) births | — | — |
| Rate for England and Wales .. | 0.20 | 0.24 |

Deaths from certain causes:—

| | 1967. | 1968. |
|-----------------------|-------|-------|
| Cancer | 12 | 10 |
| Measles | Nil | Nil |
| Whooping Cough | Nil | Nil |

The main causes of death were:—

| | |
|---------------------------------|----|
| Heart Disease | 28 |
| Cerebro-vascular Disease | 11 |
| Cancer | 10 |

COMMENTARY ON THE VITAL STATISTICS.

There is the simple fact that 6,061 persons were counted in this Urban District on the Census Night of 23rd/24th April in 1961. But this is a holiday area, and also contains some residential schools. So 1,295 people declared that they really lived somewhere else. On the other hand, the night of 23rd/24th April 1961 caught 196 of our own local folk sleeping away from their home district.

So when all the Census papers were sorted out, the Registrar-General reckoned that our own residential population in 1961 was really 5,082. That is a base-line for comparing the present mid-year estimate of 5,230, an increase of 148 persons.

We have always recognised that this District relies heavily on immigration to maintain our numbers, and these are usually people who come to live here on retirement. This has caused us to have a much higher proportion of elderly people in our local community than in most other districts. The average percentage of people over 65 years of age in England and Wales was 11.9% at the 1961 Census, and the average for Westmorland was 14.9%. Lakes Urban District had 16.5%. It means also that the younger age-groups will have to keep awake to provide the community support which elderly people need to make their survival achievements worthwhile.

A proper perspective cannot be obtained by considering merely one year's changes. It is the general trend of population which is important for the planning of your future housing, water and sewerage requirements, and for the broader issues of the economic prosperity of your District.

Birth Rate.

Your birth rate, both crude and corrected, were as usual far below the national average.

Death Rate.

Your death rate was below the national rate. It fluctuates either side from year to year, but it is never far from the national figure. I do not attach much significance to those variations. Heart disease and cancer take the biggest toll. Perinatal deaths were commendably few.

Mountain Accidents.

Accidents on our mountains are a special hazard in this District. A regular toll of death and suffering happens every year. Most of these accidents are preventable, and they mostly affect our visitors.

The inexperienced, the unlucky, and the foolhardy, fall out of crags while rock-climbing, lose themselves in the dark and the mist and snow. The physically unfit die of exhaustion, exposure, and heart attacks.

Someone has to turn out to look for them, and rescue them, and bury them. A magnificent local organisation of search and rescue teams has been built up in the District to meet these demands.

A campaign for the prevention of mountain accidents has been organised not only in your District, but also back into the big towns from which our visitors come, and to a wider audience on radio and television. We hope it may help.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

The general incidence of illness can be assessed by the weekly number of new claims for sickness benefit at our local National Insurance Offices. A logarithmic graph of those figures shows a regular seasonal pattern over the years, and any variations are usually worth investigating. The general level is some measure of the local community health.

Under the new Public Health (Infectious Diseases) Regulations, 1968, which became operative on 1st October, 1968, Acute Meningitis, Infective Jaundice, Leptospirosis, Tetanus and Yellow Fever were added to the list of diseases required to be notified. Pneumonia, Puerperal Pyrexia and Erysipelas are no longer notifiable.

Measles were the main feature of the year, but limited to quite a small number of cases located in the Ambleside and Troutbeck areas.

Immunisation against measles is still too recent to assess its results in our own locality. But we are hoping that it will eventually be as successful as the other immunisations against diphtheria and whooping cough.

I am most grateful to my colleagues in general practice, and in the hospital service, for their prompt help in notifying infectious diseases. The control of the most serious of these illnesses is one of the most important duties of our department.

NOTIFIABLE DISEASES TABLE.

| DISEASE. | Total | Ages | | | | | | | | | | | Admitted to Hospital | Deaths |
|----------------------------|-------|------|----|----|----|----|----|-----|-----|-----|-----|-----|----------------------|--------|
| | | -1 | 1- | 2- | 3- | 4- | 5- | 10- | 15- | 20- | 35- | 45- | | |
| Measles | 33 | — | 4 | 6 | 3 | 3 | 16 | 1 | — | — | — | — | — | — |
| Whooping Cough | 4 | — | — | — | — | 1 | 3 | — | — | — | — | — | — | — |
| Infective Jaundice | 1 | — | — | — | — | — | — | — | — | — | 1 | — | — | — |
| TOTAL | 38 | — | 4 | 6 | 3 | 4 | 19 | 1 | — | — | — | 1 | — | — |

TUBERCULOSIS.

Tuberculosis is still an important communicable disease of our time. Its prevention is primarily dependent upon social and economic factors in the general community, and secondarily upon the management of the established case. Your Council's functions are three-fold: to investigate the source of infection, to prevent the spread of infection, and to remove conditions favourable to infection.

One of the most effective ways of finding the sources of infection is mass radiography. The Mobile Units of the Regional Hospital Boards visit our townships and villages periodically. I should like to see many more of our local population take advantage of this valuable service. It not only detects pulmonary tuberculosis at the most favourable time for a cure, but it also provides an early warning against many other chest conditions, lung cancer, and certain heart diseases.

People who have been X-rayed are notified by post if the results are satisfactory. But if any abnormalities are found, the patient's own family doctor is informed, so that he can best explain the findings and arrange any treatment that may be needed.

Such discoveries more than justify the visits of the Mass Radiography Units to our area at regular intervals. I think that we should do all we can to make really excellent arrangements for their reception to our townships and villages, and encourage our local people to turn up in full force for their chest X-rays.

Preventing the spread of infection is helped by prompt treatment and supervision. Waiting time is nowadays very short for admission to hospital, and modern drugs achieve most promising results for returning the patient to a useful working life.

No new cases were notified during the year and there were no deaths.

The number of tuberculosis patients on the register at the year end were:—

| | | 1967. | 1968. |
|-----------------|-----|-------|-------|
| Respiratory | ... | 5 | 5 |
| Non-Respiratory | ... | 2 | 2 |
| | | — | — |
| | | 7 | 7 |
| | | — | — |

Hospital and Ambulance Arrangements for Infectious Diseases.

Hospital accommodation for infectious diseases is provided by the Manchester and Newcastle Regional Hospital Boards at Lancaster

and Carlisle. Smallpox cases will be admitted to the Ainsworth Smallpox Hospital near Bury.

Ambulance transport for cases of infectious disease is provided by the Westmorland County Council.

The Hospital Services.

The smaller northern part of your District lies in the area of the Newcastle Regional Hospital Board, and the general hospitals at Carlisle have traditionally served the needs of our Patterdale folk, and it seems likely that they will continue to do so.

The larger southern parts of your District lie in the area of the Manchester Regional Hospital Board, and most of the general needs of our local people have historically been met by the Westmorland County Hospital at Kendal. Some of the more specialised services have always had to be referred to more distant centres. That has always been understood and accepted by our local community.

But in recent years there have been signs that our local folk may be forced to rely more and more on Lancaster, and less on Kendal. Some people think that Westmorland risks being left rather ill served if the hospital services concentrate themselves on distant Lancaster and Carlisle. There is a lot of territory in between, and public transport communications are not at all easy for out-patients and visiting relatives to get to those hospitals and home again the same day.

The other side of the story is the fact that modern science has caused the hospital services to become much more specialised. This means expensive equipment and more highly trained help. Yet the political set-up has not been able to keep pace with the shortage of doctors and nurses, technicians and secretaries. Both money and manpower are falling short of the needs. So it all boils down to a rationing system for hospital care.

The one special service which has caused us the greatest worry has been the provision of hospital beds for our elderly people. Not only for their own sake to be looked after somewhere near their homes, but also for the sake of their visitors, who are often elderly themselves.

For the past 20 years, since the National Health Service started, our elderly people have gone into the geriatric hospital at Kendal Green as their first choice for a medium- or long-stay hospital bed. Some, of course, had to go into Westmorland County Hospital for treatment of acute conditions, or perhaps to Lancaster or other distant centres for diagnostic assessment or some specialised treatment. But

Kendal Green Hospital has been the mainstay for our local geriatric needs.

The winds of change began to blow in 1962, when the Government published their Hospital Plan for England and Wales. We had not had any opportunity for prior consultations or the sounding of local opinions before the Manchester Regional Hospital Board got their own plans for our area incorporated into the Government publication. Consequently we read with surprise, dismay and mounting anger that Kendal Green Hospital would be closed on completion of the new District General Hospital at Lancaster, with no local alternative provided.

In the face of this death sentence, spelt out in black and white, we searched the remainder of the text of the Hospital Plan for some hopes of reprieve. We found them. There were the Government's clear statements of intent on general principles. One of these said that geographical factors and long distances from District General Hospitals would often justify long-stay annexes on separate sites or geriatric provision at small hospitals. Our own Westmorland circumstances and needs were undeniable for such justification: and we said so.

We won that point. It was conceded that Kendal Green Hospital should be reprieved for a long time ahead, at least until we get some acceptable local alternative. We keep the emphasis on the word local. All honour to the Manchester Regional Hospital Board, they promptly set about reconditioning the ancient building in a forthright way: to produce a much better standard of comfort and service for the patients, and efficient working conditions for the staff. This has been greatly appreciated by our Westmorland folk.

The price of reconditioning Kendal Green Hospital was more than the money involved. It meant that we lost a lot of beds. From the old overcrowded total of between 70 and 80 beds, we came crashing down to around 50 beds with the new look. No one would cavil at the extra comfort and elbow room, but where did the overflow go?

The answer is that the overflow were packed off to the back of beyond. Some were put into the distant Meathop, the awkwardly located tuberculosis sanatorium: some were taken away into the re-designated old mental hospital wards at even more distant Lancaster Moor: and some of our Westmorland folk with slow-dying cancers were banished away over to the far side of the Pennines to end their lives at Ilkley. We had good cause to call for something more humane.

The reply was rammed down our throats every time, that Lancaster ought to be the future place for meeting the needs of the 50,000 people who live in the southern half of Westmorland. We knew only too well

that this obsession for centralisation on Lancaster was the brain-child of the Manchester Regional Hospital Board, and not any hard-and-fast doctrine of the Ministry.

We could see, half a mile over the northern border of Westmorland, how the Newcastle Regional Hospital Board were actually building a lovely new modern 60-bedded geriatric hospital to serve the Penrith area and our neighbouring North Westmorland Rural District: a catchment area of population much smaller than ours in the southern half of Westmorland.

Both regional Hospital Boards are equally agents of the same central government ministry, now called the Department of Health and Social Security. Consequently we say to the Minister that we much prefer the way in which his Newcastle Regional Hospital Board serve the geriatric needs of isolated areas such as ours, to the ways in which his Manchester Board do not.

But whether we were seeing the best of both worlds or not, we firmly believed that any overflow of geriatric patients who could not be found beds in Kendal Green Hospital, ought to be served by somewhere else in Kendal or nearby, within easy travelling distance through the summer traffic and the winter snows. Manchester Regional Hospital Board still clung to their belief that Lancaster should be the Mecca for Westmorland to worship. And so the scene of battle spread to the Ethel Hedley Hospital near Windermere.

The Ethel Hedley is a children's orthopaedic hospital, nominally with 50 beds, beautifully sited on the shore of the Lake between Windermere and Ambleside. It is becoming redundant for its present use, and its closure is contemplated. We think that it is capable of conversion for a smaller number of geriatric hospital beds, and that its location makes it a much easier place for visiting than trailing off to distant Lancaster Moor and Meathop, when our local folk cannot be offered a bed in Kendal Green. Once more we said so.

At long last the penny seemed to drop with the Manchester Regional Hospital Board. They conceded that perhaps Lancaster Moor was not an acceptable Mecca for all the geriatric hospital needs of the southern half of Westmorland. They announced that Kendal Green Hospital will now be enlarged by some 50%, to provide a total of about 75 geriatric beds. And they seem to have grasped our point that hospital services should be provided within Westmorland whenever it is practicable to do so.

Even with this promised enlargement of Kendal Green Hospital within the next three years, we reckon that there will still be an overflow of needs for geriatric beds in the southern half of Westmor-

land, placed as we are with such an elderly population and a constant influx of retired people. That is why we should like to retain the Ethel Hedley: certainly to tide us over for many years, and we believe, with every prospect of needing its long-term retention.

That is the essence of the case which we have prepared for presentation to the Minister of State early in 1969. We think that we have just cause on social and humanitarian grounds, and on common-sense. The allocation of finance to make all this possible is a matter of government fiscal policy, within the political sphere of the National Health Service. Consequently we are especially grateful to our Member of Parliament for wholeheartedly supporting our case, and for arranging to lead personally the proposed delegation from five of our local Councils to meet the Minister of State.

We have also been grateful to so many local organisations, individuals, neighbouring Councils and the Press for their support in making known our Westmorland needs. It must be difficult for the man in the street to follow all the stages of such a long drawn out affair. There have been lots of red herrings drawn across the trail by both opponents and faint-hearted allies, but public opinion firmly called us to nail our battle ensign to the mast.

One point remains quite clear. There can be no question of horse-trading the extra beds at Kendal Green for the retention of the Ethel Hedley. I believe that the Manchester Regional Hospital Board will honour their promise to carry out the enlargement of Kendal Green: it would almost be blackmail to think otherwise. No, all we have to settle now is where the eventual overflow will go. To the Ethel Hedley, or Lancaster, or Meathop? That is what matters now to the man in the street and his granny.

I believe that such things matter in Public Health.

HOUSING.

Housing Acts.

Under the Housing Acts your Council has a duty to consider the general housing conditions in your District, to ascertain whether any are unfit for human habitation, and to assess the need for further houses. You have powers to deal with unfit houses, powers to provide new houses for all classes, and various powers and duties in the management of your Council's housing estates. Good housing conditions are an integral part of public health.

Present Housing Position.

There are 2,133 inhabited houses in your District. With an estimated population of 5,230, the average number of persons per house is 2.4. This figure is purely hypothetical since many of the better houses have only one or two occupants, and a number of the smaller houses are occupied or let furnished only in holiday times by absentee landlords.

It is probable that the dalesmen's houses have an average of at least four persons per house, which is not excessive for a normal-sized family, and there is probably little overcrowding within the strict definition of the Housing Act. It is temporarily increased during the peak of the holiday season, but no certificates under Section 80 of the Housing Act, 1957, have been granted by your Council to authorise exceeding the permitted numbers.

General Progress of Slum Clearance.

Westmorland as a whole has made very encouraging progress in post-war slum clearance despite all the difficulties of the times. Since the campaign was resumed in 1948 well over 1,300 houses in the County have been dealt with by formal action under the Housing Acts. Most of these will eventually be demolished or converted to trade use, but many of them have been reprieved by their owners undertaking to spend considerable money for comprehensive reconditioning up to modern standards. In addition to those formal actions there have been a very creditable number of informal schemes for the renovation of sub-standard houses, either with the aid of improvement grants or entirely by private enterprise. The aim is to save a house wherever possible, but if it cannot be brought up to an acceptable standard of safety, decency and amenity the sooner it is swept away the better.

At the end of 1968 we calculated that there were very few houses outstanding on the list, and I do not expect to have to take formal condemnation action against them. Proposals for reconditioning old

cottages keep coming in even faster and the whole programme is very fluid. At this present stage I can do no more but say that our restrained and patient policy seems to be paying off, better than if we had rushed around with bulldozers. Our post-War programmes for dealing with 133 unfit houses has now been virtually completed.

I regard that as a very creditable achievement, and we are now in process of examining how best to deal with the outstanding task. The following paragraphs analyse the actions taken during the current year and are mainly for record purposes and statutory returns.

Closing Orders.

Housing Act, 1957. Section 18.

No closing orders were made during the year. No houses subject to closing orders are still occupied.

Undertakings not to use for Human Habitation.

Housing Act, 1957. Section 16.

One such undertaking was accepted during the year. Two houses subject to undertakings are still occupied.

Undertakings to Repair.

Housing Act, 1957. Section 16.

No undertakings to execute works of repair were accepted during the year. None were outstanding at the end.

Improvement Grants.

House Purchase and Housing Act, 1959.

Discretionary improvement grants were approved during the year for 6 houses.

Standard grants during the same year numbered 14.

Demolition Orders.

Housing Act, 1957. Section 17.

No demolition orders were made during the year.

There were no demolition orders outstanding on the Register of Local Land Charges at the year end.

Clearance Areas.

Housing Act, 1957. Section 42.

There is only one outstanding case on the Local Land Charge Register. It is a house which lingered in occupation from the time when a clearance order was made by the West Ward Council over 30 years ago, and was not vacated until the death of the tenant in

1965. I suppose it will have to be pulled down. All the rest of the block went years ago for road widening.

Estimated Requirements for New Houses.

Housing Act, 1957. Section 91.

Your District is perhaps one of the most difficult areas in the whole country to assess for its new housing needs. It is subjected to so many outside pressures and influences, often operating far behind the scenes. On one hand there is a noticeable planning resistance to much new housing development on the remaining open areas of the National Park, and on the other hand there is the steady take-over of our traditional dalesfolks' houses to make holiday cottages for outsiders with more money to spend on them.

There were 162 applicants on your waiting list for Council houses during the year. 42 of those families were without a separate home of their own, and 120 families wished to exchange their old houses for a Council one, or to live in this area.

We reckon that a few families still live in cottages which are condemnable, and where the cost of reconditioning is not economically attractive to their present landlords with sitting tenants in occupation. No doubt many of those little houses will eventually be saved by outside purchasers willing to recondition them for owner occupation or holiday lettings.

Some of the families in the condemnable houses have not yet put themselves on your formal waiting-lists, and there are some other people, now residing outside the area, who would like to live nearer their work within the District, or just live there anyway. The need is not quite the same thing as the demand.

House Building Progress.

Since the end of the 1939-45 War and up to 31st December, 1968, your Council completed 218 houses.

During the same post-War period, 167 houses were completed by private enterprise. 25 during the current year.

The selection of centrally-placed sites I feel will be particularly important for old people who need some community help in the time of their difficulties, but who enjoy the pride of their independence at other times.

Your Council made a special contribution to meet this need. A block of 17 flatlets for elderly people was built during 1967 and opened early in 1968. In conjunction with the welfare services of the Westmorland County Council a resident warden is also provided.

Housing Management.

Your Council now own 286 houses. Routine repairs and maintenance are carried out by local contractors. Your present estates do not justify the employment of direct labour, but in the years to come the number of your houses will be increased and the maintenance will require constant attention and you may be faced with considerable reconditioning of the rural houses.

The rents of your Council houses vary between 20/3d. and 79/9d. exclusive of rates, and the rateable values are between £38 and £70.

Your Council charge an extra rent to those tenants who have allowed married children or relatives to live with them. An exception is however made in those cases in which aged parents no longer at work are being housed by their family. An additional rent is also required from tenants who use their houses for boarding visitors or for bed and breakfast guests.

Housing Nuisances.

Visits were made to investigate complaints in houses leading to the service of 8 informal notices for their remedy. In no case was it necessary to obtain a Court Order.

Certificates of Disrepair.

No certificates were issued during the year.

Dangerous Buildings.

No action was taken during the year.

Caravans.

At the end of the year there were 10 licensed sites, holding some 424 caravans, although most of them were concentrated on one large model site at White Cross Bay.

The introduction of the Caravan Sites Act into our Lakeland valleys has been smooth and effective. We have enjoyed the help and support of the Lake District Planning Board, and the National Trust, and most of the land owners. We have deliberately set a high standard, and the site operators have accepted that policy: indeed some of them have gone much further to enhance the attractions and service on their sites.

Tented Camping.

The control of tented camping is still very haphazard; this is due partly to the weakness of the law, and partly to the physical impossibility of patrolling the whole district at peak holiday times.

During the year 4 licences were in force for tented camping sites: these were well operated, and were the least of our troubles. Our major problems arise each season from the host of casual tents which appear on our roadside verges, our commons, odd fields, and even on mountain tops.

WATER SUPPLIES.

The public water supplies are administered by the Lakes and Lune Water Board, on which your Council has representation. The sources are upland surface catchments at Ambleside, Grasmere and Chapel Stile, underground springs at Patterdale, Hartsop and Little Langdale: an ancilliary supply from the river at Chapel Stile, and connections to the Manchester Corporation Thirlmere aqueduct at various points. There is ample quantity for most of those places.

Your Council continue to have a responsibility to check that the quality of the public water supplies is maintained safely for preserving the public health. Periodical tests are made on samples of water from consumers' taps, and some of the results are set out in Appendix A to this report.

Most of these public water supplies are treated by chemical sterilization. No fluoride is added, and the natural fluorine and radioactivity levels are low.

Outside the areas of the public water supplies conditions are generally poor. There are a few small privately-owned systems of varying quality, and the rest of the District relies upon becks, small runners, superficial springs, and the surface drainage catchpits, unreliable in yield and many of undesirable quality. I can do no more than warn the users that they drink it at their own risk, that they should have it tested for purity at regular intervals, and that if in doubt they should boil it.

I continue to operate the excellent liaison arrangements with the Westmorland officers of the Ministry of Agriculture, Fisheries and Food, for the joint investigation and assessment of applications for grant-aided farm water supply schemes. I have been most grateful for the longstanding co-operation of the Ministry's Regional Advisory Bacteriologist and the other staff at the Regional Headquarters in Newcastle-upon-Tyne. It enables us to co-ordinate the safeguards to the public health as well as the agricultural interests.

I record my appreciation of the help and liaison maintained by the officers of the Lakes and Lune Water Board.

Baths and Hot-Water Systems.

The 1961 Census revealed that about 24% of unshared dwellings in our District had no fixed bath. Although far from satisfactory, it is an improvement since the 1951 Census when 44% were without.

The 1961 Census showed also that about 15% of such households are without a hot water tap. There is still a lot to be done to bring our older and smaller cottages up to acceptable modern standards. I hope that grants will help to achieve this.

SEWERAGE.

Public sewers are perforce limited to the built-up areas of our Urban District. All the rest have to rely on private disposal systems. This report can depict only an outline description of the main public installations.

Ambleside.

Ambleside is the only area within your District which possesses a sewage disposal plant of any size. A complete reconstruction of the works was carried out during 1963 with the installation of a modern activated sludge plant. We are bedevilled by the geographical limitations of our enforced position alongside the river, and the whole works are apt to disappear under water in times of flood. Apart from the damage of fittings being swept away, the débris makes normal operation rather heart-breaking for the maintenance staff. The record marks of flood-levels on the pump-house wall tell their own tale.

We also have an excessive amount of infiltration water getting into the ancient sewerage system throughout Ambleside township. This is difficult to trace and most costly to remedy. Some day it may have to be faced.

Chapel Stile and Elterwater.

Chapel Stile is sewered into a large septic tank which has an outfall into the river. It is not satisfactory in operation, and inadequate for any further development. Elterwater village has an even cruder system of ancient drains, discharging direct into the river. During 1967 your Council asked their consulting engineers to prepare a sewerage and sewage disposal scheme to serve both villages. Draft plans were approved in principle by your Council shortly after the year end, after further modifications.

Troutbeck.

Troutbeck has a short length of sewer which serves only a few houses and leads into a small septic tank belonging to your Council. It does not seem to give much trouble. It is hardly worthy to be classed as a disposal works and it would be unlikely to carry much additional load.

The installation of a public water supply to Troutbeck village will inevitably mean that a public sewerage system must follow. Otherwise there will be a real mess.

Patterdale.

Patterdale is sewered by a short length of piping into a septic tank belonging to your Council in Robinson's field.

Grasmere.

The greatest need for a proper public sewerage system and an efficient disposal works is in Grasmere. It has neither at the moment. There is a very primitive sewer which serves only a small part of the township and gets some sort of partial treatment in a tank at Pavement End, but most of Grasmere empties into a host of individual cesspools, cesspits and septic tanks.

Everyone had long since realised that the only remedy would be to install a proper public sewerage system throughout Grasmere village, and build a sewage disposal works on the least obtrusive site. Your Council instructed their consulting engineers in 1962 to prepare such a scheme.

Progress has been protracted with this difficult and expensive scheme, but work commenced during 1968 and was progressing well at the year end.

Elsewhere.

No public sewerage exists in Glenridding, Rydal and Little Langdale, nor in the more scattered rural hamlets and townships.

Prevalence of Water-closets.

Water-closets have been installed mainly in the areas which are served by public sewers and in the better type of house where private sewage systems have been made. The 1961 Census revealed that about 12% of our houses are still without a water-closet inside. Five earth-closets were abolished during the year. Five conversions to water-closets were made during the year.

As your District is the nucleus of the National Park and will receive an increasing number of holiday visitors from this country and overseas, it is most desirable that the extension of your sewerage schemes shall be followed by the conversion of earth-closets, privies and privy-middens to more hygienic water-closets. I hope that full advantage will be taken of Standard Grants.

Public Conveniences.

Public conveniences are situated at Ambleside, Glenridding, Grasmere and Waterhead. From time to time they suffer grievously at the hands of hooligans who do wanton damage to the fittings.

Highway Laybys.

Many of the highway laybys and casual parking and picnicking spots get into a mess during the season. The land over the wall becomes an open latrine. Bottles and litter get scattered around, and some of the laybys get rat-infested at times. Private water supplies and nearby residents are put in peril and so are the people who choose to park on these sites for the night.

The time may be near when the more popular spots should be provided with some sort of latrines as well as litter-baskets. The present arguments follow the familiar pattern of who should pay for them. Until this can be resolved, it would help for notices to be displayed in the laybys telling people where they can find more decent and safer facilities.

Lake Craft Sanitation.

I am not entirely happy about the amount of crude sewage which is dropped overboard from houseboats, cabin cruisers and lake steamers on Windermere. It seems to be increasing every year and it can be rather unpleasant. Something better is needed.

PUBLIC CLEANSING.

Refuse Collection.

Domestic refuse is collected from the whole of your District with the exception of a few detached and isolated dwellings. Your Council's own vehicle and staff are used for the work.

Refuse Disposal.

Disposal of refuse is carried out by partially controlled tipping on four sites, but all of them present many working difficulties.

The main tip is at Brathay, over the Lancashire border. Access is difficult, and the contours of the site make fully-controlled tipping almost impossible.

Grasmere tip at Foulmire is already over-full and should be closed. It is most unattractively sited right on the main road.

Patterdale tip at Mill Moss is better hidden, but the middle of the village is not a good place to have it.

The fourth tip is the old one at Ambleside which is used only occasionally when material cannot be taken to any of the outlying tips. It is alongside the sewage works, but is really over-full by now.

Much thought has been given to finding some better solution for these constant problems. Consultation with neighbouring local authorities has not yet evolved any joint scheme, but the more centralization of tips that can be achieved, the easier it would be to get sufficient covering material, machines, and labour, to practise fully-controlled tipping up to Ministry of Health standards.

Meanwhile your Council has decided to install a pulverising machine to grind up the refuse and make it more acceptable for tipping. It is expected to be in operation by the spring of 1969.

Street Cleansing.

The work is undertaken by the Highways Department, and the streets are well maintained.

FOOD HYGIENE.

General Powers.

Your Council bear most of the statutory responsibility for safeguarding the public from foodborne diseases. The main aim is directed towards securing proper and hygienic conditions for the manufacture, preparation and sale of food. The secondary aim is to trace and localise any outbreaks of disease which may occur in spite of preventive measures.

Precautions against Contamination.

Food hygiene is steadily improving throughout your area. Public opinion is well ahead of the law and most traders are aware of the fact; the good food trader does not need official instruction in basic cleanliness or the enforcement of legal minimum standards. He may welcome advice on technical problems, but his aim is how high he can get, not how low he can get away with.

The responsibility for safe food does not rest entirely with the trader as the housewife must play her part as well. Quite a lot of strange things happen to food between the shop counter and the dinner plate, and the educational campaign has had to be carried into the home. Foodborne diseases, mild dysenteries and attacks of diarrhoea and vomiting are not infrequent in our homes and among our visitors. I am confident that higher standards will reduce these preventable diseases.

Food Trade Categories.

The Minister requires me to furnish certain details about the categories of food trade carried on during the year. They are set out in the adjacent table.

Regulation 16 relates to the requirement for providing wash-hand basins, and Regulation 10 relates to the requirements for providing facilities for washing food and equipment used in food businesses.

| Category of Premises | Number | Number fitted to comply with Reg. 16 | Number to which Reg. 19 Applies | Number fitted to comply with Reg. 19 |
|--|--------|--------------------------------------|---------------------------------|--------------------------------------|
| Hotels (large) | 28 | 8 | 28 | 27 |
| Hotels (private) | 34 | not known | 34 | 34 |
| Boarding Houses* .. | 45 | „ „ | 45 | not known |
| Cafes and Snack Bars .. | 31 | 4 | 31 | 4 |
| Grocers | 10 | not known | not known | not known |
| Greengrocers | 2 | 2 | 2 | 2 |
| Wet Fish Shops | 1 | 1 | 1 | 1 |
| Butchers | 5 | 3 | 5 | 4 |
| Sweet shops and other premises retailing ice cream | 19 | 19 | not known | not known |
| Private clubs and bars .. | 3 | not known | 3 | 3 |
| Fish and Chip Shops .. | 1 | nil | 1 | 1 |
| Hostels | 11 | not known | 11 | not known |

*Does not include the many boarding houses which are not rated as such.

Ice-Cream Trade.

The following premises were registered under Section 16 of the Food and Drugs Act, 1955:—

| | | |
|--|-----|-----|
| Manufacture by hot mix, cold mix, storage and sale | ... | 1 |
| Manufacture by cold mix, storage and sale | ... | Nil |
| Storage and sale only | ... | 47 |

Prepared Meats.

The number of premises on the Register under Section 16 of the Food and Drugs Act, 1955, used for the preparation of sausages, potted meats, pressed meat, and pickled foods was 9 at the year end. No particular difficulties have been encountered in these trades.

Liquid Eggs.

There are no egg pasteurisation plants in the District.

Poultry Processing.

There are no poultry processing premises.

Milk Registrations.

There were 39 registered distributors and 1 registered dairy which were not dairy farms. No particular difficulties were met, and milk-round vehicles were generally maintained in good condition.

Pathogenic Organisms in Milk.

Biological and other test results on 57 samples taken by various Authorities, from sources in our area, continued to be passed to me. I have had no cause during the current year to serve any notices under the Milk and Dairies Regulations to restrict the sale of milk or the activities of milk-handlers.

Special attention was directed towards the organisms of brucella abortus in the above samples. One was found and dealt with promptly.

Licensed Slaughterhouses and Knackers' Yards.

There are no slaughterhouses and no knackers' yards in your District.

Condemnation of Meat.

All slaughtering is carried out at the Kendal Abattoir where the meat is inspected by the Borough Inspectors. No meat was condemned in your District.

Condemnation of Other Foods.

The following foodstuffs were condemned by your Inspector during the year:—

| | | | | |
|---|-----|-----|-----|---------|
| Tinned Ham | ... | ... | ... | 52 lbs. |
| Ox Tongue | ... | ... | ... | 24 lbs. |
| Tinned Grapefruit | ... | ... | ... | 9 lbs. |
| Quantities of ice-cream and other sundries. | | | | |

Method of Disposal of Condemned Food.

The Minister of Health requires me to describe the current methods for the disposal of condemned food. In this District it is by burial at Ambleside Tip.

GENERAL INSPECTIONS.

Your Council employ one part-time Public Health Inspector and his salary is apportioned between his sanitary inspection duties and his other duties in a proportion approved by the Ministry of Health.

It is difficult to arrange duties in combined appointments in a small local authority, particularly when an Inspector is single-handed, and there has to be considerable elasticity to cover all the responsibilities.

Nevertheless there is a tendency for the more demanding incidents of building surveying and delegated planning functions to overshadow the needs for the full quota of public health inspection.

There are certain advantages in combined public health inspection and housing management, but I am watching how this system develops. I record my appreciation of his work during the year.

Offensive Trades.

There are no offensive trades in the District.

Factories.

There are 30 factories on the Register. No inspections were made and no written notices were served. No Legal Notices remained outstanding at the end of the year. No prosecutions were required. No references were made to H.M. Inspector and none were received from her.

No lists of outworkers were supplied to your Council by factory owners, and I have no official knowledge of any cases of default in this respect.

There are no basement bakehouses in the District.

H.M. Inspector of Factories has been given details of your Urban District's administration of the relevant sections of Parts I and VIII of the Factories Act, 1961.

Factory Inspections.

| Premises. | Number of Premises. | Number of | | |
|--|---------------------|--------------|------------------|-----------------------|
| | | Inspections. | Written Notices. | Occupiers prosecuted. |
| Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. | 1 | — | — | — |
| Factories not included in (1), in which Section 7 is enforced by Local Authority | 29 | — | — | — |
| Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) | — | — | — | — |
| Total | 30 | — | — | — |

No defects were found.

Offices and Shops.

This legislation makes provision for the safety, health and welfare of people employed in these premises.

Forty-two visits were made during the year.

| Type of Premises | Registered at year end | Inspected during year | Persons Employed |
|--|------------------------|-----------------------|------------------|
| Offices | 36 | 7 | 93 |
| Retail Shops | 81 | 14 | 188 |
| Wholesale Shops and Warehouses .. | 1 | Nil | 3 |
| Catering establishments open to public, canteens | 29 | 11 | 184 |
| Fuel storage depots | Nil | Nil | Nil |
| Total | 147 | 32 | 468 |

Twenty-nine written notices and no verbal notices were served for contraventions discovered.

Common Lodging Houses.

There are no registered common lodging houses in the area.

Pest Control.

Your District is covered by the South Westmorland Joint Pest Control Board. Regular visits are made to your refuse tips which seem to attract rather an undesirable number of rats.

Boarding Kennels.

Animal Boarding Establishments Act, 1963.

One such place is on the register in your District. It was inspected and found to be satisfactory.

Rent Acts.

No action was taken during the year under the Rent Acts, and any contraventions regarding rent-book entries were corrected informally.

Clean Air.

No action was required.

Compulsory Removal

National Assistance Act, 1948-1951.

Happily there was no need during 1968 to invoke the powers of this Act.

Such cases are extremely distressing to deal with and the course of compulsory removal is reserved to meet the emergencies of a last resort when all other methods of help have failed. Sometimes it is very hard to decide what is really in the best interests of the patient.

Public Mortuary and Post-mortem Room.

Public mortuary and post-mortem examination facilities are now available by arrangement at Westmorland County Hospital, Kendal.

Laboratory Services.

The Public Health Laboratory Services at Preston and Carlisle provide the necessary facilities for most of our public health investigations.

APPENDIX A. **Laboratory Examination of Public Water Supplies**

| Nature of Test | Standards Max. | Ambleside | Grasmere | Patterdale | Great Langdale | Little Langdale | Hartsop |
|------------------------|-------------------|-----------|----------|------------|-------------------|--------------------|---------|
| Pr. coli count 37° .. | 3-10 | 0 | 0 | 0 | 0 | 0 | 0 |
| Faecal coli/strep .. | — | | | | | | |
| Date sampled last .. | — | 19.11.68 | 19.11.68 | 23.1.68 | 17.12.68 | 17.12.68 | 1.10.64 |
| Character .. | — | Clear | Clear | Clear | Clear | Clear | Clear |
| Reaction pH .. | — | 7.4 | 7.0 | 7.9 | 7.1 | 7.5 | 7.2 |
| Ammonical Nitrogen .. | .041 | Nil | Nil | Nil | Nil | Nil | Nil |
| Albuminoid Nitrogen .. | .006 | .01 | .04 | .05 | .03 | .005 | .06 |
| Total Solids .. | 1000 | 32 | 36 | 56 | 36 | 44 | 56 |
| Hardness—Total .. | 300 | 20 | 12 | 34 | 14 | 32 | 34 |
| Carbonate .. | — | 7 | 7 | 28 | 8 | 18 | 27 |
| Non-Carbonate .. | — | 13 | 5 | 6 | 6 | 20 | 7 |
| Chlorides .. | 30 | 8 | 6 | 6 | 6 | 6 | 6 |
| Nitrates .. | 1 | .15 | .03 | .1 | .02 | .04 | .1 |
| Nitrites .. | — | Nil | Nil | — | Nil | Nil | Nil |
| 0.2 Absorbed .. | 1 | .48 | .28 | .04 | .48 | .28 | .04 |
| Heavy Metals .. | — | n/a | n/a | n/a | n/a | n/a | n/a |
| Rainfall 24 hours .. | — | .05" | .30" | .28" | .30" | Nil | .28" |
| Date sampled .. | — | 21.2.67 | 3.10.67 | 8.9.64 | 3.10.67 | 17.9.68 | 8.9.65 |
| Laboratory .. | — | Preston | Preston | Preston | Preston | Preston | Preston |

Chemical analyses expressed in parts per million.

